

## U.S. DEPARTMENT OF AGRICULTURE FOREIGN NATIONAL DATA SHEET

<b>SECTION I (REQUIRED)</b>		(USDA Office Use Only) <input type="checkbox"/> NEW REQUEST <input type="checkbox"/> UPDATE/CHANGE		(ARS Office Use Only)	
NAME (Family Name, First and Middle Name with no abbreviations):					
OTHER SURNAMES USED (Maiden, Religious, Professional, Aliases):			OTHER FIRST OR MIDDLE NAMES USED:		
DATE OF BIRTH (MM/DD/YYYY):		PLACE OF BIRTH (City & Country):		CITIZENSHIP OR NATIONALITY:	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		COUNTRY OF RESIDENCE:		PASSPORT COUNTRY (If you do not yet have one, the country that will issue it):	
HOME ADDRESS (include apartment or house number, street, city, state or province, postal code, and country):					
HOME TELEPHONE NUMBER:			MOBILE/CELLULAR TELEPHONE NUMBER:		
FACSIMILE (FAX) NUMBER:			E-MAIL ADDRESS:		
RESIDENTIAL ADDRESSES IN OTHER COUNTRIES DURING THE PAST 7 YEARS (Where did you live and how long did you live there):					
OCCUPATION (If a student, write "student"):			NAME OF PRESENT EMPLOYER OR SCHOOL:		
EMPLOYER/SCHOOL'S ADDRESS:					
EMPLOYER/SCHOOL'S TELEPHONE NUMBER:			EMPLOYER/SCHOOL'S FAX NUMBER:		
IF YOU ARE A STUDENT WHAT IS YOUR SUBJECT OF STUDY:					
USDA FACILITY YOU WISH TO ACCESS (Facility Name, Address, Building Number, Room Number(s), City, State, and Zip code):					
USDA HOST'S NAME:		HOST'S TELEPHONE NUMBER:		HOST'S E-MAIL ADDRESS:	
PURPOSE OF YOUR TRIP TO THE USDA FACILITY LISTED ABOVE (One paragraph summary):					
DATE YOU EXPECT TO ARRIVE AT THIS FACILITY (MM/DD/YYYY):			DATE YOU EXPECT TO DEPART THIS FACILITY (MM/DD/YYYY):		
WHO WILL FUND THIS TRIP:			AMOUNT PROVIDED (in U.S. Dollars): \$		
WILL ANYONE ACCOMPANY YOU ON THIS TRIP?: <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, please complete the following questions for each person)					
First, Middle and Last Name		Birth Date (MM/DD/YYYY):		Place of Birth (City & Country)	
DO YOU CURRENTLY HAVE HEALTH INSURANCE ACCEPTED IN THE U.S.: <input type="checkbox"/> NO <input type="checkbox"/> YES (Insurance is REQUIRED for Exchange Program participation. Please see the U.S. Department of State's website <a href="http://state.gov">state.gov</a> for specific insurance requirements.)					
COMMENTS:					

<b>SECTION II</b> (REQUIRED: if you do not yet know answers to the questions below, you will have an opportunity to provide them upon arrival at the facility listed in Section I)		
AT WHAT ADDRESS WILL YOU STAY WHILE IN THE U.S. (include the apartment, house, or building number, street, city, state, postal code, and country):		
TELEPHONE NUMBER FOR THE ADDRESS ABOVE:		
<b>Photocopies will be made of the documents listed below so please ensure you have them with you upon arrival</b>		
PASSPORT NUMBER:	COUNTRY OF ISSUE:	EXPIRATION DATE (MM/DD/YYYY):
VISA TYPE:	VISA #:	EXPIRATION DATE (MM/DD/YYYY):
U.S. EMBASSY OR CONSULATE LOCATION WHERE THIS VISA WAS ISSUED (City & Country):		
DATE OF ENTRY INTO U.S.:	U.S. PORT OF ENTRY (City & State):	
WHAT IS YOUR IMMIGRATION STATUS? (if checking a box with more than one choice listed please also circle the applicable status): <input type="checkbox"/> NON-IMMIGRANT <input type="checkbox"/> ASYLEE/REFUGEE/TEMPORARY PROTECTED STATUS (TPS) <input type="checkbox"/> IMMIGRANT/LAWFUL PERMANENT RESIDENT		
FORM I-94 (ARRIVAL-DEPARTURE RECORD) #:	ADMITTED UNTIL DATE:	
I-20/DS-2019 (CERTIFICATES OF ELIGIBILITY) PREPARED BY (Program Sponsor and Number):  (Box 2 information: I-20 School name and Code)	I-20/DS-2019 #:  (Located in the top-right corner)	EXPIRATION DATE (MM/DD/YYYY):  ("not later than" on I-20 or "To" on DS-2019)
SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION #:		
EMPLOYMENT AUTHORIZATION #:		EXPIRATION DATE (MM/DD/YYYY):
ALIEN REGISTRATION NUMBER (A# on your Green Card):	GREEN CARD#:	EXPIRATION DATE (MM/DD/YYYY):
COMMENTS:		
<b>SECTION III</b> (complete this section only if your information has changed <u>while</u> at USDA) <b>If reporting a change that involves a document (i.e. a new visa) please provide it to your Host for photocopying</b>		
U.S. RESIDENCE ADDRESS CHANGE:		CHANGE OF HOME TELEPHONE NUMBER:
		E-MAIL ADDRESS CHANGE:
EXTENSION OF A VISA/I-20 OR DS-2019 (state the reason for extension):		CURRENT EXPIRATION DATE (MM/DD/YYYY): NEW EXPIRATION DATE (MM/DD/YYYY):
VISA TYPE CHANGED TO:  NEW VISA #:	State the reason for the change:	
SOCIAL SECURITY OR INDIVIDUAL TAXPAYER IDENTIFICATION #:		
IMMIGRATION STATUS HAS CHANGED TO: <input type="checkbox"/> ASYLEE/REFUGEE <input type="checkbox"/> LAWFUL PERMANENT RESIDENT <input type="checkbox"/> NATURALIZED CITIZEN (checking ASYLEE/REFUGEE please also circle which) EFFECTIVE DATE (MM/DD/YYYY):		
ALIEN REGISTRATION NUMBER (A# on your Green Card):	GREEN CARD#:	EXPIRATION DATE (MM/DD/YYYY):
ANY CHANGE NOT LISTED ABOVE:		
<b>SECTION IV</b> (for USDA use only)		
ACTUAL USDA ARRIVAL DATE (MM/DD/YYYY):	ACTUAL USDA DEPARTURE DATE (MM/DD/YYYY):	
COMMENTS:		

## INSTRUCTIONS FOR FILLING OUT THE FORM ARS-230

This form provides information for the system ARS uses to track facility access and, when necessary for USDA's Foreign Agricultural Service (FAS) or Forest Service International Programs to prepare a DS-2019 (Certificate of Eligibility for Exchange Visitor Status) to assist you in obtaining a J-1 Visa at an U.S. Embassy or Consulate, and if sponsored by FAS, to notify the Department of Homeland Security of changes in your status. All foreign nationals desiring access to a facility owned, operated, or controlled by USDA are required to complete this form. The form should be completed by the individual requesting access however circumstances may require someone else to complete the form on their behalf. If you are preparing the form on behalf of someone else, you must indicate this in the comment box at the bottom of Section I. Most of the form's questions are self-explanatory and for others we were able to provide clarification on the form. However, there are additional questions which without additional information would remain unclear. Explanations for those questions are addressed below.

Once you have completed Section I and if possible Section II, please return this form to your prospective USDA host.

### **Section I** - Information required by USDA and the FAS/Forest Service.

- **Name:** your family or surname, first or given name (that name which distinguishes you from other members of your family) and complete middle name with no initials or abbreviations. If you have no middle name please indicate this by writing NMN (no middle name). If however your middle name is only an initial, please note this in parenthesis.
- **Country of Residence:** the name of the country which has granted you permission to legally reside within its borders whether permanently or for a fixed period.
- **Marital status:** please indicate if you are single (never married), married, divorced, separated, or widowed.
- **USDA facility:** the name of the research unit or office to which you are requesting access (when entering the facility's name, do not abbreviate anything other than USDA or ARS). If you are unsure of this information, the USDA employee with which you will study, visit, or work can provide this information to you.
- **Expected USDA arrival/departure dates:** the date you expect to arrive at this facility and the date you expect to leave it.
- **Purpose of your trip:** a brief paragraph describing your intended activities at the facility.

### **Sections II** - Information related to your entry into the United States.

- **Visa Type:** the category of visa that you were issued by the U.S. government such as a B1/B2. If you do not know, this information can be found on the right side of your visa under the heading Visa Type/Class.

**Canadian Professional Workers:** if you are a citizen of Canada eligible for a [NAFTA Professional \(TN\) Visa](#) your I-94 Form (see below) is also your visa.

**Visa Waiver Program (VWP) Participants:** if you are in the United States under the visa waiver program write "visa waiver program" or "VWP" where you are asked to put a visa number. Also supply the ESTA registration number in the Comments box at the end of Section II. If you are not from a visa waiver country and do not have a visa please explain in the comments section provided.

**Lawful Permanent Residents:** do not put "Green Card" in this field (a separate section has been provided for this information). The Visa Type field is for information about the visa issued to you prior to gaining Lawful Permanent Resident status--even if that visa is now expired.

- **Visa #:** the 8-digit number in red on the lower right of the visa. If your visa was issued between October 1989 and January 1995 the number is located near the top of your visa centered in the blue border. If however, your visa was issued prior to October 1989 the number that appears at the top next to the word "No." is your visa number.
- **I-20/DS-2019 issued by:** the name of the institution, organization, or company that requested the U.S. Department of State (State Department) to issue you a F-1 or J-1 Visa.
- **I-94 #:** You should have received this form (also called an Arrival – Departure Form) upon arrival into the United States. The form contains an 11-digit number pre-printed in the upper left-hand corner. We ask that you provide the date you have been admitted until (listed on the form as Admitted Until). This form should also include your visa category listed as "CLASS".
- **Green Card:** If you have not yet received your Form I-551 (Green Card) but a request is being processed please indicate this in the box that asks for the card number. If your card was issued before January 1998, it does not have a number; please write N/A in the number box. If it was issued between January 1977 and August 1989 it has neither a number nor an expiration date; please write N/A in the number and expiration date boxes. If it was issued after January 1998 the number is etched into the card on the reverse. It appears in the lower-right corner just to the left of the card's designation number (I-551).

**Section III** – Provided for personal information changes while at USDA.

- Changes to information provided previously in any section of the ARS-230 requires the submission of an amended form. The fields provided in this section are changes you are most likely to experience.

#### **PRIVACY ACT NOTICE**

We have asked you to provide information about yourself on this form in accordance with United States Department of Agriculture policies. United States laws give USDA specific legal rights to request this information. We will not share your information with any other U.S. Government agency except where required to process your request for access. Access to a Government facility is a privilege not a right. Therefore, failure or refusal to provide any of the information above may result in a denial of access to USDA facilities, and in the case of participation in a Government-sponsored program could result in the termination of your participation in the program.

**PAPERWORK REDUCTION ACT NOTICE**

We have tried to create a form that can be easily understood with instructions that provide additional information for questions that might cause unnecessary confusion. Our intention is to collect required information while imposing as little burden on you as possible.

We estimate the average time to complete this form after having gathered the necessary documents will not exceed 30 minutes. You may experience extraordinary circumstances which may require additional time to complete the form. With this in mind, we have designed the form in such a way that you may have two separate opportunities (prior to your arrival in the U.S., and upon arrival at the facility) to complete it. Additionally, we have provided a third section should your information change while at our facility.

If you have any comments regarding the accuracy of our estimate or suggestions for making this form simpler, please write to: Agricultural Research Service, Attn: Forms Manager, 5601 Sunnyside Avenue, 2-1114A, Beltsville, Maryland 20705-5141. Please include this form's title "Foreign National Data Sheet" with your correspondence. **Please do not send your completed form to this address.**